infor- state UPA-		CERTIFICATE OF DEATH
	1. PLACE OF DEATH	Registration Dist. No.
item of ishould of OCCU		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS	2. FULL NAME (a) Residence: No. Low Line Control (1) (Usual place of abode)	A How long In U. S. if of foreign birth?
PH. xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T R	Male White Single Married, WIDOWED, OBDIVORCED (wife the word)	21. DATE OF DEATH 6 , 193 (Yeer)
BINDING FERMANEN EXACTI y classified.	5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTLEY. That I attended deceased from
BINI EX EX Y	6. DATE OF BIRTH (month, day, end year) July 9, 1870	I last saw have elive on works 6 , 19 37; death Is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
- 70	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL Leaker with the work was done, as SILK MILL Leaker with the second state of the second state	Tremal Nemannage 2-28
RESERVED G INK—THIS GE should be that it may be ons on back of	SAW MILL, BANK, etc 10. Oete deceased lest worked at this occupation (mogth and 10.7) this occupation (mogth and 10.7) 11. Total time (years) spent in this	
NEGIN RESPICED INTERPRETATION OF THE PRINCE INTERPRETATION OF THE PRINCE	12. BIRTHPLACE (city or town) O. W. M. C. (State or country)	Other Contributory Causes of importance:
ARGI UNFA upplied terms,	E 13. NAME (Villiam) Baker	Hypertension
sur the tee	14. BIRTHPLACE (city or town) erry ville R, F, W (State or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
WITH efully in plai	15. MAIOEN NAME Cafe falkann	23. If death was due to external causes (VIOLENCE) fill in elso the following:
LT, WI d be carefu DEATH in p	16. BIRTHPLACE (city or town) Letyly Fille, M. J. J. J. Stafe or country)	Accident, suicide, or homicide?Oate of injury, 19 Where did injury occur?
PAR	17. INFORMANT Styl Safer (Address) Large Mile Court, Mile,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAN CREMATION OR REMOVAL Place Company Club. Oak Malle 10, 1937	Manner of Injury
No. 1 B.—WRITE mation s CAUSE TION is	19. UNDERTANCE COM CADDINAS CONTRACTOR CONTR	24. Was disease or injury in eny way related to occupation of deceesed?
N. S. N.	20. FINEAR 10198719 L. F. Sauders Régistrar.	(Signed) M. D (Address) Dark T. Eback W.S
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	ACR 0 1557	July 5,1927	Peritonitis	3 days ago
	BURDAU V. S.			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 02833
1. PLACE OF DEATH County County	Registration Dist. No. 96
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in ofty or town where death occurred was a most	ds. How long In U.S. if of foreign blrth?
(a) Residence: No Joy We Cloud P. F. W. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. SEX 4. COLOR OR RACE OR DIVORCED (wright the word)	21. DATE OF DEATH (Month) (Day) (Yéer)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Camelia Calvert	22. I HEREBY CERTIFY, That I ettended deceased from 1936, to March 19, 1937
6. DATE OF BIRTH (month, day, and year) 107. 16, 1830	I last saw han alive on March 19, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Sm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Chronic Myrcardete 1927
kind of work done, as SPINNER. A. W. SAWYER, BOOKKEPER, etc	Olumnia Ensonadito 192
10. Date deceased last worked at this occupation (month end) 930 spent in this occupation (cupation) 12. BIRTHPLACE (city or town) South Plant 1. Total time (years) spent in this occupation (State or country)	Other Contributory Causes of importance:
13. NAME TOWN LINE COUNTY 14. BINTHPLACE (city or town) The Survey (State or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME CUB MOYEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Wills Mayer 16. BIRTHPLACE (city or town) Muhansur (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Harry Calvert (Address) Los Fall Posit Mil S. Fall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Special Cew Date March 22, 19-37	Manner of Injury
19. UNDERTAKE LEE a. Cattleson (Address) - Jempyslee, W. A.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 727/37, 19 6 J1 Sauders Registrar.	(Signed) D. Howard M. (Address) Box Albantonel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Cerebral hemorrhage APP & 1997		Peritonitis	3 days ago
	RUSEAU V.S.	,		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year
				file-time To

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02834
1. PLACE OF DEATH	- NGO
County Colcel	Registration Dist. No. 9
Village or City Olkton - Maryland (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Deval Hougherty	If U. S. Veteran, specify WAR
(a) Residence: No. Most East Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 3/ of 193 (Year)
Husband of Service Dougherly	22. MAY 3 HEBEBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, end year Feb. 13 - 1876	I last sew h LX alive on AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 6. 4.5 4m.
6/ / 17 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Housework SAWYER, BOOKKEEPER, etc.	Acute pulmonayedema Marag-37
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	J
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Per ilmington all (State or country) Miledelphia da	Other Contributory Cythes of Importance: (about 2 week) Maris-3.
II 13. NAME John Dorsey	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
E / / /	Accident, sulcide, or homloide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
17. INFORMANT Raymond Paret (Address) Folklin not	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place North Early Millenster Oate Upril 3 , 193)	- Nature of injury
19. UNDERTAKED OUGH R. Grant (Addiess) North Cash Med	24. Was disease or injury in any wey related to occupation of deceased? 720
20. FILED after 2, 1937 James Jose W. Registrar.	(Signed) . A Managhar M. D. (Address) A D. A. M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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			The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1931	July 5,1927	Peritonitis	3 days ago
	MUREAU V. S			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Aspare Reeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Dio. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
supresu V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BI PHISICIAN

V. S. No. 1

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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE 1. PLACE OF DEATH County Coul	OF MARYLAND—	CERTIFICATE OF DEATH	36
	Eent	Registration Dist. No	
Village or City near	(I	N0. St., f death occurred in a hospital or institution, give its NAME instead of street and nu	ward
Length of residence in city or town wher	e deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Cuce	l. Iv. Hergu	S. C.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	tota
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	iaic
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 7
5e. If merried, widowed, or divorced HUSBAND of	al al	(Month) (Day)	(Yeer)
(or) WIFE of Man	y S. Ferguson	22. HEREBY CERTIFY, Thet I ettended de	geesed from
6. DATE OF BIRTH (month, dey, and yeer)	Fr22-1874	I last saw here elive on Mar 1 5 , 1937;	death is said
7. AGE Yeers Months	Oeys If LESS than 1 day,	to heve occurred on the date stated ebove, et 2,30 Am.	
621-	20 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	Oate of onset
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Despustion.	Carcinoma diver	7000
Industry or business in which		praliner	102
work wes done, as SILK MILL, SAW MILL, BANK, etc.			11.5
10. Dete deceesed last worked at this occupation (month end year)	11. Totel time (years) spent in this occupetion		/
12. BIRTHPLACE (cily or town)	0	Other Contributory Causes of Importance:	111
(State or country)	no	mone Mocadets	Afril-
13. NAME Home	us Vergun		1930-
4. BIRTHPLACE (city or town)	7)	Name of operation Caroffee La Pag Dale of	
(Stete or country)	Early	Whet test confirmed diegnosis?	opsy?
15. MAIDEN NAME	48,700	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Du	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT Mrs Etlus (Address)	rungly	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	wes men	Manage of later.	
Plece Lemerille T.	Ju Dete Mar 5, 1927	Manner of injury	
19. UNDERTAKER P. J.	me	24. Was diseese or injury in eny wey releted to occupetion of deceesed?	20
20. FILED UCL 4-, 1937 92	Bank Bayer Registrar.	(Signed) Coublinite &	M. D.
	Acgistrar.	(unitess)	£

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1,000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of inforof OCCUPA-

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70	EE	Œ	Y	te.
2	1	ed	erl	fica
ARGIN RESERVED FOR DIN	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plain terms, so that it may be properly cla	TION is vary important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

	County	Cecil			V	Registration Dist. No.	92
	Village or (ity 파기kton		(16	No. Union death occurred in a hospital or instit	tution, give it NAME instead of str	St., Wa
2-		idence in city or town where o		yrsmos	ds. How long in U.S. If	of foreign birth?yrs	
		nce: No.			St., Ward.	North East. Mo	
	PERSON	NAL AND STATIST	(Usual place		MEDICAL C	If nonresident give city or to	
3. SE		4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	ch 26 (Month) (Oay)	, 193 7. (Year)
5a. II	f married, widov HUSBANO of (or) WIFE of	wed, or divorced	*		22. March 2.6	Y CERTIFY. That I	ttended daceasad fro
6. D	ATE OF BIRTH	(month, day, and yeer)	Octobe	r 24 1920		March 26	
7. AC	GE Yeo	ers Months 5	Days 2	If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows:	ted above, atm. ATH and related causes of Importan	Oate of one
OCCUPATION	kind of SAWYER 9. Industry or	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which st done, as SILK MILL, LL, BANK, atc	School Hidh S	pov	Copyford	Fracture of	3/26
1000	1D. Dato deceas	LL, BANK, atcsed last worked at upation (month and	11. Totai i	time (years) ent in this upation			
12. E	BIRTHPLACE (c		h East Md		Dther Contributory Causes of Im	portance:	
ER	13. NAME	Andrew B	erguson				
FATHER		E (city or town) No	rth Mas	t. Md	Name of operation What tast confirmed diagnosis?_	Columb Was II	
ER	15. MAIOEN NA	AME Mabel	V. Rryan		23. If death was due to external c	auses (VIOLENCE) fill in also the	following:
MOTHER		E (city or town) Nort	h East		Accident, suicide, or homicide? Where did Injury occur?	larlestown, h	el.
17. 1	NFDRMANT (Address)	Andrew R	Fergus	on Md	Specify whether injury occurred	(Specify city or town, county In INDUSTRY, In HDME, or in PUI	and State) BLIC PLACE.
18. E	BURIAL, CREMA	tidn, or removal th Fast M.F		ch29 ,1937	Manner of Injury Fel	de how	C
19. t	UNDERTAKER (Adyress)	Joseph of	th East	2 mg	24. Wes disease or injury in any If so, specify	way related to occupation of decea	ased?
20. F	FILEOMar	1281037 /2	mauri	maye	(Signad) O NU So	ed H. Mones	nerM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis DD 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
		3		

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

. STATE OF MARYLAND—	CERTIFICATE OF DEATH 102838
1. PLACE OF DEATH	
county Cecil	Registration Dist. No. 92
Village or City & lbton	No. Union Horaps. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME albert I ford	
(a) Residence: No. Morth East B.D. (Usual place of abode)	St., Ward. North East Mil
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	have U 1937 to have 7 1937
6. DATE OF BIRTH (month, day, and year) 24 1917	I last saw h alive on
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 9 m.
19 7 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade profession or particular	were estollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Uterdulal Durus y rody
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Culire '
SAW MILL, BANK, etc	- ,,,
O Date deceased last worked at this occupation (month and year)	
Sala Vala	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
0	
	The same of the sa
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an eu'opsy?
15. MAIDEN NAME anni Norman,	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Cal Marla	Accident, suicide, or homicide? Occudent Date of injury 3 - 7 - 19 3
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? were - have Count
17. INFORMANT Curtic Ford (Address) 806 Mg & Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Barrier
Place It Marks a UMP Date Mar 10, 1937	- Nature of injury & quelici y Clorling
19. UNDERTAKER Joseph R Grant	24. Was disease or injury In any way related to occupation of deceased?
(Addyess) Anth Eat M	If so, specify
20. FILED Mar 9, 1937 & Bann Drag	(Signed) & Cullwell M. D
20, FILED Registrør.	(Address) W Guy
If more blanks are needed, address State Registrar	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BA	PHYSICIAN

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02839
1. PLACE OF DEATH	60-3
County Cesel	Registration Dist. No. 95
Village or City Kining Luce	No. St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME YORERLE Edevard Gallas	les,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (North) (Day) (Year)
HUSBAND of (CO) WIFE S. C. MARCON S.	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF RIPTH (month day and year)	last saw has alive on Mar 16 193): death is sai
5. DATE OF BIRTH (month, day, and year) Will 2/2// S 7. AGE Yaars Month Days If LESS than	to have occurred on the date stated above, at 257 P. m.
(0.4) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca
8 Trade profession or particular	were as follows: Cardine failure. Datagione
kind of work done, as SPINNER, Craue Operator	
9. Industry or business in which	Primary course ! Chronic on social itis a Culto.
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Quarties three years
yaar) occupation occupation	Othar Contributory Causes of importance:
(2. BIRTHPLACE (city or town) (State or country)	-
80 0000	-
13. NAME Calvard & Gallahur 14. BIRTHPLACE (city or town) Mod	
(State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Tool X	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Whera did injury occur?
17. INFORMANT Mas Mar Jacksons Stelling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Survia The al Continue	- Nature of injury
18 7m	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER TO GO OF SUM MAG	If so, specify
2/12 /272	(Signed) Guerge Hill want M.
20. FILED Registrar.	(Address) Riving July, Will.

If more Sind are geeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 0 1991	July 5,1927	Peritonitis	3 days ago
FURTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

1. PLACE				(ATE OF DEA		7/
County	Xelle,				Registration	Dist. No.	6
Village	or City MI	Wellson	7	No		St.,	
Length of	residence in city or lown who	ere death occurred	7 1	//	ital or institution, give its NAN ; in U.S. If of foreign birth?		
	1 Seant	es helson	w 410				
2. FULL	1111	100/11	noit		. Veteran, specify WAR		
(a) Kes	dence: No. 100	(Usual place	of abode)	St.,Wa		it give city or town an	d State
PERS	ONAL AND STATE	STICAL PARTI	CULARS	MED	ICAL CERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF E	DEATH (Month)	(Dey)	, 193_ (Ye
5a. If married, w HUSBAND (or) WIFE	idowed, or profeed	lethis	Sant.	22. /I HE	REBY CERTIF	Y, That I ettended	decease
	an full	Die h	10/4	Jan	, 1936, to	1/1an /2	7, 19
	TH (month, day, end year)	uly J, 1	861	I lest sew h	alive on	196	; deeth
7. AGE	Years Months	Deys	If LESS than 1 deyhrs.		he dete stated ebove, et 22 SE OF DEATH end releted cet	m.	
6	7 8	1//	ormin.	were es follows:	25 OL DEVIH and leneted cer	ises of importence	Date
8. Trede, p	of work done, as SPINNED, YER, BOOKKEEPER, etc.	Moulde	N		1)).	· · · · · · · · · · · · · · · · · · ·	
W 9. Industry	or business in which	Of A		1 Marry	P// Morante	tis	79
	wes done, es SILK MILL MILL, BANK, etc	love to	rundry.		37-1-1-1		-7-/2
10. Oate de this year	ceased last worked at occupetion (months and	/ 4/9 sper	me (years)				
12. BIRTHPLAC	E (city or town) Low	he Co.	sit	Other Contributory Co	auses of ighportance:		
(State or		md	1		Thumah	sm	
I3. NAME	Veorgs,	St. Tr	ant	/	[
	LACE (city or town)	arlestow	w,	Name of operation	\bigvee	Dete of.	
(010	te or country)	016	na	Whet test confirmed of	tiegnosis?	Wes there an	eulopsy
15. MAIDEN H 16. BIRTHP	NAME Vary	Celer	0.	23. If death wes due to	externel ceuses (VIOLENCE)	fill in eiso the following	ng:
O 16. BIRTHP	LACE (city or town)	it he C	asst	Accident, suicide, or l	homicide?	Date of injury	, 1
≥ (Sta	te or country)	1 jui	a.	Where did injury occur	(Specify city	or town, county and St	ate)
17. INFORMANT) Cort	e Essit	mid.	Specify whether injur	y occurred in INDUSTRY, in E	IOME, or in PUBLIC P	LACE.
18. BURIAL, CAL	MATION, OR REMOVAL	my blesice	W17, 1937	Manner of injury			
19. UNDERTAKE	Jel a Ch	ettersoy		24. Was diseese or inj	ury in any way releted to occu	pation of deceased?	
20. FILED. 3	-17/1937 X	ot Han	den	(Signed)	11/10 /11/	3.7.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	eil				ation Dist. No. 92
Village or City	rekt	7741		No. Union Hosp	cital st War
\		***************************************		death occurred in a hospital or institution, give its I	
Length of residence in	city or town whara	death occurrad	yrs,mos	ds. How long in U.S. if of foreign birt	h?yrsmos
2. FULL NAME	tupon	4 1/0	rugu	If U. S. Veteran, specify WA	R
(a) Residence: No.	- 0		» = = = = = = = = = = = = = = = = = = =	St., Ward.	
(a) hesidence. No.		(Usual plac	e of abode)		sident give city or town and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFIC	ATE OF DEATH
mole 4. COL	OR OR RACE		RRIEO, WIOOWED, ED (write the word)	21. DATE OF DEATH (Month)	21d 24, 1937
5a. If merried, widowed, or div	rorced		0	(1101111)	(00)
HUSBANO of (or) WIFE of	_				IFY. That i attended decassed from
	-				march 24, 1937
6. OATE OF BIRTH (month, d	ay, and year)	north	23-37	i last saw here elive on the	£ 23 ,1977; death is s
7. AGE Years	Months	Oays	If LESS than	to have occurred on the data stated above, at	——
			1 day, /_ 6 hrs.	The PRINCIPAL CAUSE OF DEATH and relate were a follows:	d causes of importance
8. Trade, profession, or	particular			Congenital d	ebilili-
kind of work done SAWYER, BOOKKE	EPER, atc			0	
9. Industry or businass work was done, as	In which				
SAW MILL, BANK	, etc	1			
	onth and	sp	time (years) ant in this		
year)		OC	cupation	Other, Contributory Causes of importance:	
12. BIRTHPLACE (city or town	, les	clou	mal.	Prematine de	liver
(Stete or country)	0	1 11			<i>F</i>
13. NAME Ruby	L. Ralp	LHO	ruge		
13. NAME Ruby	town)	rainis		Nama of oparation	Data of
(State or country)				What tast confirmed diagnosis?	Was there an autopsy?
# f5. MAIDEN NAME 7	rente 2	. Des	le	23. If daath was due to external causes (VIOL EN	
16. BIRTHPLACE (city or	· vu	2.3		Accident, suicide, or homicide?	
(State or country)	,	0	4	Where did injury occur?	
17. INFORMANT My (Address)	the So	forms	and.	(Specify Specify whether injury occurred in INDUSTRY,	city or town, county and State), in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL A	06+ Cm	Lan.	Manner of injury	
Place Mrs 2-4	1937	Date 37	197	Natura of injury	
19. UNDERTAKER ALLA (Address)	Popul.	Somo J	ne Bus	24. Was disease or injury in any way related to	
(MUDICSS) CONTA	mu low				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING

PHYSICIANS should state

stated EXACTLY. classified.

AGE should be

USE OF DEATH in plain terms, so that it may

nation should be carefully supplied.

properly

Exact statement of OCCUPA-

V. S. No. 1

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Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUREAU V. S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnods

S

statement PHYSICIAN

Exact

certificate

properl

may plnous

so that

supplied. plain terms,

carefully

OF DEATH

CAUSE

S. No.

LION

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

13. NAME

1. PLACE OF DEATH

Length of residence in city or town where death occurred

4. COLOR OR RACE

Months

County Village or City

FULL NAME

(a) Residence: No.

5a. If merried, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

10. Oate deceased last worked at

(State or country)

(State or country)

year) _____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____

this occupation (month and

kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___

Years

(or) WIFE of

14, BIRTHPLACE (city or town)

15. MAIOEN NAME 16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Manner of injury

Nature of injury_

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Accident, suicide, or homicide?

Where did injury occur? ...

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

more blank of needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
KIRPAU V. S.	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH Magraw
1. PLACE 05 DEATH	92843
County lecu	Registration Dist. No. 76
Village or Citylerryville	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
Length of residence in city or town where death occurred yrsmo	
2. FULL NAME / JUSTIN HOUND	If U. S. Veteran, specify WAR
(a) Residence: No. Javy VIII (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)	21. DATE OF DEATHWARL 29, 1937 (Month) (Day) (Year)
5a. If married, widowed, andivorced	(Month) (Day) (Tear)
(or) WIFE of Trank Josephery	22. I HEREBY CERTIFY, That I attanded deceased from
Capar Jeruson	March 27, 1937, to March 29, 1937
6. DATE OF BIRTH (month, day, and year) fune 3, 1893.	I last saw h la alive on March 18, 1937; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
4-3. / 6 ormin.	were as follows: Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER bush was SAWYER, BOOKKEEPER, etc.	Di state Wellities Will34
Rind of work done, as SPINNER BUSINESS OF SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Own for work was done, as SILK MILL Own for the saw MILL, BANK, etc. 10. Date deceased last worked at this occupation (months of the same spent in this of the same spent in the	7,75
10. Date deceased last worked at this occupation months of 19.37 11. Total time (years)	
12. BIRTHPLACE (city or town) Wilmington (State or country)	Other Contributary Causes of Importance:
13. NAME Frank. Ayan	
E RIVIEW AND	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Tate: Juckson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) White in (State or country)	Accident, suicide, or homicide?
17. INFORMANT Frank. Harnberger	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shary Com. Date Opr. 1, 19 3	Manner of injury
19. UNDERTAKER ELS SATURASION (Address) Serryville, and	24. Was dicease or injury In any way related to occupation of deceased? MAD
20. FILEO 4-1, 187 Lof Janders Registrar.	(Signed) J. F. Magraw M. D. (Adgress) Derhysle ML
If more blanks are needed, address State Revistras	2455 N. Charles Street, Baltimore, Requesting V. S. No. 5.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and religion importance were as follows:	EIVEDI	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	6 1937 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 192	Peritonitis	3 days ago
RUS	FAU V. S.		
Other contributory causes of importa	ince:	Other contributory causes of importance:	
Gallstones	May 1,192	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

02844

	I. PLACE OF DEATH	9200
	County Ce Cil Market Consequences	Registration Dist, No. 92
	Village or City Elkton	No. Cluvor Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
1	2. FULL NAME Samuel Thomas Hus.	hebeckif U. S. Veteran, specify WAR.
	(a) Residence: No. Summit Cedie, Della (Usual place of (abode)	Mard. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 1. COLOR OR RACE OR DIVORCEO (write the word) Single, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e	. If married, widowed, or divorced HUSBAND of (or) WIFE of Jan 3/ 188/	22. I HEREBY CERTIFY, Thet I attended deceased from Feb 2/ 1937, to March 2, 1957
e 6.	DATE OF BIRTH (month, day, end year) Law 31, 1881	I last sew halive on
certificate	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:3012 m.
	3-6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
a Se	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone sugrendetis 12.22.4
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	mittel usufficures 12.24:1
ous	10. Oate deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) Last 11. Total time (years) spent in this occupation Charles forward	Other Coutributory Causes of importence:
-uc	(State or country) Maryland	acute myorardial facture 2.1-3;
nst ER	13. NAME Sauce he Trushebeck	
	0 110 5	Name of operation
FAT	(State or country) Delaware	What test confirmed diagnosis? Wes there an autopsy?
important.	15. MAIDEN NAME Cathorine & Shaw 16. BIRTHPLACE (city or town) Johnson (Stete or country) Sclaware	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
very im	7. INFORMANT Mrs adelasde Mc Merlen (Address) Neway Del RU	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
2	B. BURIAL, CREMATION, OR REMOVAL Place Backel Cometing Oate Mich 5, 1937	Manner of InjuryNature of injury
TION	9. UNOERTAKER 24 White Andrews Electric Trial	24. Was disease or injury in any way related to occupation of deceased?
2	0. FILED Man 4, 1937 & Braun Bag Registrar	(Address) Milliam Par

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The State of the December of the Company of the Com	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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OF DEATH

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County_ Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where leath occurred... If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write Ale word) (Month) (Oay) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year the to have occurred on the date stated above, at 2. 20P, m If LESS than 7. AGE 1 day, ____ hrs. 2 min. 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL. BANK, etc ... To: Date deceased last worked of this occupation (month) year) 11, Total time (years) spent in this occupation _____ 12. BIRTHPLACE (city or town) ___ (State or country) FATHER 14. BIRTHPLACE (city or town) 122 (State or country)

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,

Manner of Injury

(Address)

CAUSE LION 19. UNDERT HER 20, FILEO S Registrar.

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Cerebral hemorrhage	FUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory car	ses of importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) _____ds. How long In U.S. if of foreign birth? vrs. mos. If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH R DIVORCED (write tha word) (Month) 5a, ff married, widewed, or divorcad HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Months 7. AGE Days If LESS than 1 day.____hrs. CAUSE OF DEATH and related causes of importence or min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER SAWKER, BOOKKEEPER, atc.____ Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc..... 1D. Data deceased last worked at 11. Total tima (vaars) this occupe for (month and 3 (83 spent in this 20 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town (Stata or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAM 23. If death was dua to external causas (VIDLENCE) fill in also the following Accident, suicide, or homicide 16. BIRTHPLACE (city or town) (State or) country) Where did injury occur?_____ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, 17. INFORMAN (Address) 18. BURIAL, CREMATION, DR REMOVAL Mannar of injury Natura of Injury 24. Wes diseasa or Injury in any 19. UNDERTAKE (Address) If so, specify

(Signed)

(Address)

Registrar. If moto Stank appneeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 8 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	,			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	PLACE OF DEATH	(131)
	County County	Registration Dist. No.
	Village or City lerry Court	No. St., Wa
		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foraign birth?yrsmos
2	. FULL NAME Sher mane	If U. S. Veteran, specify WAR
1	(a) Residence: Np. Jerry Court, Will.	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.8	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the mort)	21. DATE OF DEATH (Month) (Day) (Wear)
эа.	If married, widowad, or divorced HUSBAND of John. Marly.	22. I HEREBY CERTIFY, That I attended daceased for
6. I	DATE OF BIRTY (month, day, and yaa Cug/, 1879	I last saw h. e. elive on
7. /	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importence
NO	8. Trede, profassion, or perticuler kind of work dona, as SPINNER, Ause work SAWYER, BODKKEEPER, etc.	Date of States of Date of States of
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, Own / Your	laing, and sente attack engoyfted wood
220	1D. Date decessed lasy worked et this occupation (month and year) 11. Total tima (years) spant in this 3 occupation	Diration : three years.
12.	BIRTHPLACE (city or town) ashland	Dther Contributory Causes of Importence:
2	13. NAME (Sam Kraft.	
FATHER	14. BIRTHPLACE (city or town) Schnary.	Neme of operation
-	(State or country)	What tast confirmed diagnosis? Was there an autopsy?
ΞH	15. MAIDEN NAME Yannah Hegy,	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) Calland	Accidant, suicide, or homicida?
	(State or country) INFORMANI Wary Valley	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18:	BURIAL, CREMATION, DR REMOVAL Place Victoria Parties Ca. Date March 22, 19 37	Menner of injury
19.	UNDERTAKEN See a Pallerson	Netura of Injury 24. Was disease or injury in eny way ralated to occupation of dacaased?
20.	FILED 1927, 1937 6. J. Doudseld Registrar.	(Signed) (Addrass)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes- follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephra	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	\$ 5000 U.S.	and the second s		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	The second secon			

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

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OR DIVORED Currice the word) 3a. If marriad, widowed, or divorced HUSBAND of Corp Wife of Part of Corp Wife of	1. PLACE OF DEATH	***************************************	(Time P	
Laggith of residence in city or town where dash occurred	County Cecil		Registration Dist. No. 9	2
Legib of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (b) Manual Manua	Village or City Ellehm	January Hos	hulanol st	Ward
(a) Residence: No. Charles of abodo St., Ward. If nonreident give day or town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOG OR RACE S. SINGLE, MARRIED, WIDOWED OR DIYORCED ("STICK the word) Sa. If married, wildowed, or divorced HUSEARD of ("Or) Wiff of "Or) Wiff of "Or) E. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) J. AGE Years Month Days If ILESS than of "Or" min. SANYER, BOOKREEFE,	Length of reeldance in city or town where			
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V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARYLAND—	CERTIFICATE OF DEATH 02	2849
1. PLACE OF DEATH		108	
County Oegel		Registration Dist. No. 95	
Village or City Oo Co	La no	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length ot residence in city or town where		ds. How long in U.S. it of foreign birth?yrsmos	
2. FULL NAME Potent n	19 master my	LI If U. S. Veteran, specify WAR	
(a) Residence: No.	\$-\$	St., Ward.	7
(a) house the	(Usual place of abode)	If nonresident give city or town and S	lale
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
male hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Warely (Month) (Day)	193. 7. (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of	12	22. HEREBY CERTIFY, Thet I attended d	eceased from
6. DATE OF BIRTH (month, day, and year)	et 16 1856	. 4.10. 71	death is sald
7. AGE Years Months	Deys It LESS than	to have occurred on the date stated ebove, at . 5.2	
. 8/ /	/ O 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date ot onset
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kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc	T WY - WI		/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	*****		
O this occupation (month and	11. Total time (years) spent in this		
year)	occupation 3.0	Other Contributory Causes of imagriance:	2/ /.
12. BIRTHPLACE (city or town)	swamp, Ind	Carebral Hemorrhage	719/37
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(State of country)		What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Mary	momaster	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	maryland	Accident, suicide, or homicide? Oate of injury	, 19
(State or country)	0	Where did injury occur?(Specify city or town, county and State)
17. INFORMATIONS of armon	matthews	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	and	Manner of injury	
Water of fattengha	mpate 977023 0,19 3	Nature of injury	
19. UNDERTAKER J. E. Tyser	n.	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Puleng	Sun and	If so, specify	
20. FILED Mich 29, 1872	1-	(Signed) YULLY JU MUGUL	M. D.
- FIMIN MINING	Registrar.	(Address) / Celling Milly, W	ues.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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V. S. No. 1

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	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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TION is very important. See instructions on back of certificate.

		CERTIFICATE OF DEATH	2850
1	County Ce eil	Registration Dist. No. 9	2
2	Length of residence in city or town where deeth occurred yrs mos. 2. FULL NAME Sarah Matilda Morr	No. St., death occurred in a hospital or institution, give its NAME instead of street and model	
	(a) Residence: No. West Main (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	SEX 4. COLOR OR RACE OR DIVORCED (write the world) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey)	, 193 7 (Year)
	HUSBAND of Enon Morris	22. I HEREBY CERTIFY, Thet I attended of	deceased from
_	DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS then 1 dey,hrs. or,min.	to have occurred on the dete stated above, at USD m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
NO	8. Trade, profession, or particular kind of work done, as SPINNER, A HOWERS, BOOKKEEPER, etc.	biebal apoplexy	Dete of onset
CUPATION	9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc		
0	10. Date decessed last worked et this occupation (month end spent in this occupation controlled by the spent in the spe		
12.	BIRTHPLACE (city or town) Massey 5 (State or country) May land	Other Contributory Causes of Importance: heplints	1934
ATHER	13. NAME James McCool	Neme of operation	
F	(State or country)	Whet test confirmed diagnosis? Wes there en e	utopsy?
MOIHER	15. MAIDEN NAME are Walls 16. BIRTHPLACE (city or town) formula (State or country) many land	23. If death wes due to externel causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
	INFORMANT The Morris (Address) Elector 2nd	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	ίćε.
18.	Place Bethel Dete Mck 31, 1937	Menner of injury	
19.	UNDERTAKER To Working and (Address) Electron and	24. Wes disease or Injury In any way related to occupation of deceased?	
20.	FILED Man 31, 1937 & Svans Norge	(Signed)	M. D.

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS	BX	PHYSICIAL	N
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STATE OF MARYLAND-CERTIFICATE OF DEATH

^	for-
ON	of in
4	tem

PHYSICIANS should state of OCCUPA. VLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS statement E. act CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLATKLY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be

V. S. No. 1

1	L PLACE OI	F DEATH Core	l Es.		213-d	
	County	Susqueh	anna Riv	.er	Registration Dist. No. 2	774
	Village or C				No. St	Ward
	Length of resi	dence in city or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and isds. How long in U.S. If of foreign birth?yrsmm	
:	2. FULL NAI	ME Willi	am Stanl	ey Morri	son	
	(a) Residen	77	de Grac (Usual place	e Md	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex ale	4. COLOR OR RACE White	5. SINGLE, MAR OF DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 3 - > 3	, 193 7
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. 1 HEREBY CERTIFY, That I attended	deceased from
_	(01) 1111 E 01				, 19, to	
6.	DATE OF BIRTH	month, day, and year)	Dec 25	1897	I last saw h alive on	
7.	AGE Year		Days	If LESS than	to have occurred on the date staled above, at 10.A.m.	
	39	2	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:	Date of onset
OCCUPATION	Industry or the work was SAW MIL. 10. Date decease	sion, or particular rork done, as SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, L, BANK, etc pat last worked at pation (month and	Fisher	Man ime (years) nt in this	Disoffend while forming thought from Forth East Start 4/16/37	3/23/57
12.	1	y or town) Wilmi	ington	upation	Other Contributory Causes of Importance:	*
ER	13. NAME	John Long	g Morris	on		
FATHER	14. BIRTHPLACE (State or	(city or town) Havi	re de Gr	ace	Name of operation Date of What test confirmed diagnosis? Was there an a	Tho
ER	15. MAIDEN NAM	ME Lillie	H. Barn	es	23. If death was due to external causes (VIQL ENCE) fill in also the following	
MOTH	16. BIRTHPLACE (State or	(city or town) HE	avre de	Grace	Accident, suicide, or homleightedart Date of injury 3/2	3, 1937
17.	INFORMANT (Address)	Walter F. 1 605 Lore	Morrison Ave. W	il. Del	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
		verbrook	Date	, 19	Manner of Injury States above	7
19.	Wilm UNDERTAKER (Address)	ington, De	Lington		24. Was disease or injury in any way related to occupation of deceased?	yes.
20.	FILED 4-1	7-3/19 /20	er. a	Registrar.	(Signed) Starley Of Got	ore-

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 1 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL CDACE FOR FIRMUED CTATEMENTS DV DUVSICIAN

ADDITIONAL SI AC	E FOR FURTHER	STATEMENTS BI	THISICIAN	
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			t	

County Cecil		Pagistration Diet No. 92
6011	20	Registration Dist. No. 9
Village or City Editor		No. St., St., Steam of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred / O yrsmo:	sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME John	1 Kacine	If U. S. Veteran, specify WAR
(a) Residence: No.		St. Ward.
(a) residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Warch 13, 193 7 (Month) (Oay) (Yea
5a. If merried, widowed, or divorced HUSBAND of	a Racine	
HUSBAND of Odella 7	i, racine	22. I HEREBY CERTIFY, That I attended decessed
7	1ch 25 1862	I last saw h in elive on Marke 13 ,1937; death I
6. DATE OF BIRTH (month, day, end year)	Devs If LESS than	to heve occurred on the dete stated above, et 5.4500 m.
74 11	1 dey,hrs.	
8. Trede, profession, or particular	ormin.	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armen Returned	consuce oras caracias
Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc		
0 10. Oete deceased lest worked at this occupation (month and	spent in this 7	
yeer)	occupation	Other Coatributory Causes of Importence:
12. BIRTHPLACE (city or town)	on 100	
(State or country)	ryland	
13. NAME Leonge Davi	d Macue	
14. BIRTHPLACE (city or town)		Name of operation Oate of
(Grate of country)	ance	What test confirmed diegnosis? Was there en eutopsy?_
# 15. MAIDEN NAME C Leven	ting Hromont	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town)		Accident, suicide, or homicide?, Dete of injury, 19_
∑ (State or country)	lance	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mes Idella. (Address) Eletton	Ind 180	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	7. 0	Menner of injury
Plece Elicton Ceruale	4 Dete / CCh /7 , 19.37	Nature of injury
10 HADERTAKEN 74 W.7	is 1	24. Was disease or injury In any way related to occupation of deceesed?
19. UNDERTAKER	22	If so, specify
(Address) Elettra		it so, specify <

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example. I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	140	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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TION is very important.

2. FULL NA	MEce: No. 2	RI TENO	UR, ifth Stre (Usual place	Russell 1 eet, Frederi	ds. How long In U.S. if of forei
3. SEX male	4. COLOR	OR RACE	5. SINGLE, MA OR DIVORCE Marri	ARRIED, WIDOWED, CED (write the word)	MEDICAL CERT 21. DATE OF DEATH March (Mo
5a. If merried, widow HUSBAND of (cr.) WIFE of (cr.)	Mrs	. Ethel	Ritenour Unknown		22. I HEREBY C December 18 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Year About 4	Years Months		Deys –	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated about the PRINCIPAL CAUSE OF DEATH and were as follows: Lobar pneumonia
9. Industry or work we SAW MII	business in s done, as S L, BANK, e ed lest work pation (mon	LK MILL, tc	unknown	I time (years) pent in this ccupation unknow	Other Contributory Causes of Importance
12. BIRTHPLACE (ci (State or cou		Mar yl	and de cea wed		General Paralys
	(city or too country)	_{vn)} Unk	no wn		Name of operation Clinical Whet test confirmed diagnosis?
15. MAIDEN NAME Unknown - deceased 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Hospital records (Address)					23. If death was due to externel causes (\(^1\) Accident, suicide, or homicide?\(^1\) Where did Injury occur?\(^1\) Specify whether injury occurred In IND
18. DURIAL, CREMA			Dete Ma	. 14 ,19 37	Manner of Injury
19. UNDERTAKER	CO!	Mel	lerad	W	24. Was disease or injury in any way rel

egistration Dist. No. Maryland. rive its NAME instead of street and number) gn birth?_____ds. fy WAR WORLD f nonresident give city or town and State IFICATE OF DEATH ERTIFY. That I attended deceased from 36 to March 13 19 37 er ch 13 1937 : death is said ve, at 8:40 R.M. related causes of importence Date of onset VIOLENCE) fili in eiso the following: Date of injury ______ 19 specify city or town, county and State) USTRY, In HOME, or in PUBLIC PLACE, eted to occupetion of deceased?_NO

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 8 1931	July 5,1927	Peritonitis -	3 days ago
SURPAU V. 3.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
	man bear					

1 july 37

STATE OF MARY	'LAND-	CERTIFICATE	OF DEATH	1 02	2854
1. PLACE OF DEATH County		3	Registration Dist.	01	
Village or City Lecu	<u> </u>	No.	in in NAME :	st.,	War
2. FULL NAME (a) Residence: No.	Show mos		f foreign birth?		
(Usual place of	abode)		If nonresident give	ity or town and	d State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CI	ERTIFICATE OF	DEATH	
Il fame on	(write the word)	21. DATE OF DEATH	(Month)	2 (Day)	., 193(Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. J HEREBY	CERTIFY	That I attended	deceased from
DATE OF BIRTH (month, day, end year) 3 - 2 - AGE Years Months Days	3 7 If LESS than 1 dey,hrs. ormin.	I last sew h lalive on		G. D. F. Importance	Heath is s
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and seen)	d-	Somo 9	Bolass	no m	Date of ons
	ne (years) t in this pation	Other Contributory Causes of impo	tage S	efo	
13. NAME TO CONTROL OF THE CONTROL O	off.	placer	ila '	Date of	
14. BIRTHPLACE (city or town) (State or country)		Name of operation		Date of Was there an	eutonsy?
15. MAIDEN NAME Chaleth Me 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address)	aynor	23. If death was due to external cau Accident, sulcide, or homicide? Where did injury occur? Specify whether injury occurred in	uses (VIOL ENCE) fill in a Date (Specify city or town	of Injury	ng: , 19
8. BURIAL, CREMATION, OR REMOVAL REST STATEMENT OF THE ST	3, 19.3.7.	Manner of injury		************	
9. UNDERTAKER & E. Jysony. (Address) Rising Sun On 0. FILED May 3- 37 Worthwater	ndı N Registrar.	24. Wes disease or injury in any was a specify	vay related to occupation	of deceased?	м

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l cause of death and related causes e were as follows:	Date of onset
psy	1 week ago
reet car	1 week ago
	3 days ago
outory causes of importance:	1 year
S	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

RESERVED

infor-

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(Address)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Art 1331	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			P P mm

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

	KD. Every	YSICIANS	statement
	RECO	Y. PH	Exact
ARGIN RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
FORD	IS A PE	stated E	properly
20	HIS	pe	þe
SERVI	NK-T	plnods	it may
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MIDNE	UNFADI	upplied.	terms, so
	WITII	fully s	n plain
	INLY,	be care	EATH i
-	PLA	plnous	OF D
1	-WRITE	mation s	CAUSE

See instructions on back of certificate.

TION is very important.

N. B.—WRITE PLANLY,

V. S. No. 1

CORD. Every item of infor-PHYSICIANS should state

OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 02836
County Cecil	Registration Dist. No. 9/
Village or City Chesapeake City	NoNoSt,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Clare 28 +	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Craretice Thomas	If U. S. Veteran, specify WAR North
(a) Residence: No. Many place of abode (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (norice the word)	21. DATE OF DEATH March 2 (, 193 7 (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Tellie E Thornton	22. I HEREBY CERTIFY, That I attended deceased from May 1976 to harch 2 6 195
6. DATE OF BIRTH (month, day, and year) Febry 9 1881	i last saw h aliva on Warch 26 , 1957; death is said
7. AGE Years Months Days if LESS than I day,hrs.	THE PARTE ALL CAUSE OF DEATH and Teletad Causas of Importanta
8 Frade profession or particular P. F.	ORIGINAL ORIGINAL
kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc. Sand Bethel	Nodgikus Dielase 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata dacased last worked at this occupation (month and 1926) 11. Total tima (years) spent in this 25	0
this occupation (month and 1936 spent in this 2 year) 12. BIRTHPLACE (city or town) Caralton	Other Cantributory Causes of Importance:
(State or country) Manyland	
13. NAME Norwood Monutor 14. BIRTHPLACE (city or town) Salawase (State or country) Salawase	Name of operation Pate of What test confirmed diagnosis? Churue K Caburgas therejan autopsylva
15. MAIDEN NAME Care Stars 16. BIRTHPLACE (crt or town) Juvense (State or collection)	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2) (State or country) Delowace 17. INFORMANT by Mellie & Thornton (Address) Cheroheck Cite, Md	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Bethel Country Date Mch 29, 1937	Manner of injury
19. UNDERTAKER THE CONTRACTION OF STATE	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/29 , 1937 B. H. Brown Registrar.	(Signed) Men Ur Davis M. D. (Address) Clerafactette me.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1
- Canada No.	may 1,1020	dust between this	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02857
1. PLACE OF DEATH	
County Cecl	Registration Dist. No.
Village or City Perry falle, A.F. W.	ND. St., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Floria Marie Crust	If U. S. Veteran, specify WAR
(a) Residence: No Terry orlle, Mid. R76	. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Atch - 5 - ,1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Junary 2/1937	I last saw h alive on, 19, death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et6.Am.
1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	original Debruky:
S. Hede, Profession, on Particular Services, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this occupation (month and segont in this securation (month and segont in this segont in the segont in this segont in th	
10. Date deceased last worked at this occupetion (month and year) spent in this occupation	
12. BIRTHPLACE (city or lown) enfulle R, F, H	Other Contributory Causes of importance:
(State or country)	-
13. NAME Frank Tryslaw 14. BIRTHPLACE (city or town) Falmouth	
(Stete or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Toberilla Suelling 16. BIRTHPLACE (city or town) Turnoutly (State or country)	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
[6] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Franks Pruslow (Address) Porryfyelle, Mid R. F. 10.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL PLACE DESTRICTION DAY MARCH 7 1937	Manner of injury
19. UNDERTAKES/ELIN, Patturson	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/6 537 & F. Dauders Registrar.	(Signed) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN